

**New Hampshire Confidential
COVID-19 Case Report Form** v 3/15/2020
For Reporting Suspect and Confirmed Cases

Date of Report: ____/____/____

Patient Information

Name _____
(Last) (First) (M.I.)

Date of Birth ____/____/____ Age _____ Sex: ☐ Male ☐ Female ☐ Other

Address _____ City/Town _____ State _____ Zip _____

Phone: Cell _____ Home _____ Work _____

Race: ☐ White ☐ Black ☐ Asian ☐ Pacific Islander ☐ Native Am./Alaskan Nat ☐ Unknown ☐ Other: _____

Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Unknown

Occupation/Employment _____ Employer: _____

Healthcare Worker: ☐ Yes ☐ No ☐ Unknown Childcare Worker: ☐ Yes ☐ No ☐ Unknown

Is the patient a resident of a long-term care facility? ☐ Yes ☐ No ☐ Unknown

Symptoms and Clinical Information

Symptom Onset Date: ____/____/____ ☐ Fever ☐ Cough ☐ Shortness of breath ☐ Other: _____

Is the patient hospitalized for their illness? ☐ Yes ☐ No ☐ Unknown

Hospital Location: _____ Dates: ____/____/____ - ____/____/____

Specimens Collected: ☐ No ☐ Yes Date: ____/____/____ Laboratory: _____

Risk Factors/Reason for Testing (check all that apply)

International Travel: _____ ☐ Yes ☐ No ☐ Not asked ☐ Unknown

Domestic Travel: _____ ☐ Yes ☐ No ☐ Not asked ☐ Unknown

Contact to a case: _____ ☐ Yes ☐ No ☐ Not asked ☐ Unknown

No known risk factors: _____ ☐ Yes ☐ No ☐ Not asked ☐ Unknown

Notes: _____

Health Care Provider Reporting Information

Person Completing Report Form _____

Ordering Provider _____ Phone _____

Provider Facility/Practice Name _____ City/Town _____ State _____ Zip _____

Fax to: (603) 271-0545

NH Department of Health and Human Services

Bureau of Infectious Disease Control

Office Phone: 603-271-4496

For NH DHHS Use Only

☐ Confirmed ☐ Not a case
☐ Probable ☐ Entered in NHEDSS
☐ Suspect ☐ Assigned to Investigator
☐ Unknown